

<b>Case Number:</b>	CM14-0020328		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40-year-old female who sustained injury to her neck on 02/03/13. The mechanism of injury was not documented. A clinical note dated 03/31/14 reported that the injured worker complained of constant neck pain 8/10 on the Visual Analogue Scale (VAS). The injured worker stated that she feels the same since the previous visit. Medications included Xanax and Naproxen. Physical examination noted Morbidity: 5'2", 164 pounds; ambulation without assistive devices; tenderness to light touch in the posterior aspect of the cervical spine, but no paravertebral muscle spasm noted; Vertex compression test to a like degree reproduces pain not only in the neck, but lower back. Manual cervical (neck) traction to a light degree also produces similar symptoms. There was no abnormal head or neck positioning (torticollis).

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI OF THE LEFT BRACHIAL PLEXUS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand chapter, MRI's (magnetic resonance imaging).

**Decision rationale:** There were no focal neurological deficits. There was no mention that a surgical intervention was anticipated. There was no indication of decreased motor strength, increased reflex or sensory deficits. There was no report of new acute injury or exacerbation of previous symptoms. There were no additional 'red flags' identified that would warrant the need for imaging. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the left brachial plexus has not been established. The request for magnetic resonance imaging (MRI) of the left brachial plexus is not medically necessary.